DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9827

Registration District No. 1 2 1941 399

Primary Registration District No. 1002

Registrar's No. 1261

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Leavenworth
(c) City or town Leavenworth (If outside city or town limits, write "RURAL")
(d) Street No. 311 No Broadway (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Otto Van Buren 516
3. (b) If veteran, name war Spanish America 3. (c) Social Security No. No
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Van Buren 6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years Unknown Months — Days — If less than one day — hr. — min.
about 61
9. Birthplace Germany (City, town, or county) — (State or foreign country)
10. Usual occupation Barber
11. Industry or business —
FATHER 12. Name Unknown
13. Birthplace — (City, town, or county) — (State or foreign country)
MOTHER 14. Maiden name "
15. Birthplace " (City, town, or county) — (State or foreign country)
16. (a) Informant's own signature Records Menorah Hosp
(b) Address Kansas City Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/21/40 (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth, Ks.
18. (a) Signature of funeral director J. C. Davis
(b) Address Lew Kel By Chas Parker
19. (a) MCH 21, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21
year 1940 hour 10 minute a M.
21. I hereby certify that I attended the deceased from Feb 10, 1940, to Mar 21, 1940; that I last saw him alive on Mar 21, 1940; and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: General septicemia	2 weeks
Due to: Carcinoma of the bladder	5 months
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations Carcinoma bladder
Of autopsy Carcinoma bladder multiple Renal & Septic abscesses

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Gustave Schmidt (M. D. or other)
Address Professional Bldg Kansas City Date signed 3-22-40

(Licensed Embalmer's Statement on Reverse Side)

50M-5-17-39
Rev. 5-17-39
1 X19311

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

_____, Registered Apprentice No._____,

working under my personal supervision.

Signed_____

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.